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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration Sept. 1,
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Locke Liddell & Sapp, LLP
 Address 100 Congress Avenue, Suite 300
 City Austin State TX Zip 78701
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name
(512) 305-4700 Contact Terral R. Smith E-mail (optional) _____
 6. General description of registrant's business or activities
Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.* Self

7. Client name National Organization of Social Security Claimants' Representati
 Address 6 Prospect Street
 City Midland Park State NJ Zip 07432
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
represent interests of attorneys who represent social security disability

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Terral R. Smith	



Registrant Name Locke Liddell & Sapp LLP Client Name National Organization of Social Claimants' Representatives

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD.

GOV RET VET MMM _____

12. Specific lobbying issues (current and anticipated)

Reduce taxes/fees paid by attorneys who represent social security disability beneficiaries. Simplify and increase fees paid to attorneys who represent security disability beneficiaries.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14. Yes ↓ Complete the rest of this section for each entit the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or cc

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances o activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for matching the criteria above, then sig registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Terral R. Smith Date _____

